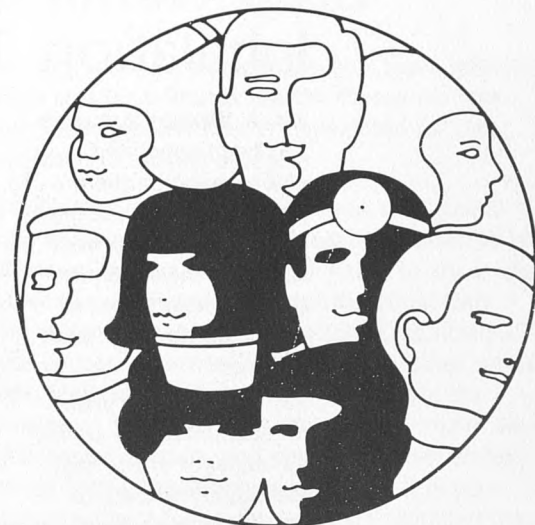


BARNES

Barnes Medical Center, St. Louis, Mo.

HOSPITAL BULLETIN

April, 1969



The Buses Didn't Come, but the Employes Did

The distance from there to here lengthened appreciably last month during the bus strike, as employes formed car pools, walked, cabbed and even hitchhiked to Barnes in the absence of mass public transportation.

The first days of the strike fell over a week-end and supervisors were particularly concerned they would be unable to communicate with employes needing transportation. The strike also hit during one of the hospital's highest census periods.

However, individual areas recorded few absences, particularly during the first crucial days of the strike which ultimately lasted nearly three weeks. Several of the larger departments, such as house-keeping and dietary, indicated their week-end employe attendance was above normal.

"Although the people close to the hospital are aware of the loyalty and dedication of our employes," began Barnes' director Robert E. Frank, "it takes a situation like the bus strike to bring to the attention of our patients and the public the

dependability and personal concern of which we're so proud. Our absences during the bus strike were indeed minimal and I'd like to thank the employes for their cooperation in providing transportation to their co-workers. It was most appreciated," Mr. Frank concluded.

Patients and visitors at the hospital the first week-end in March made many complimentary remarks to administrators and nursing personnel on employe attendance, efficiency and job dedication.

When the bus strike was still pending, a memo was sent to all employes alerting them to the possibility of transportation problems and requesting that persons who drive to work call the personnel office and offer rides to other employes. When the strike became official, a bulletin board was set up in the main lobby as a clearinghouse for rides and riders. A map of the city was divided into mailing zones and employes checked under their postal area for persons living

near them who had offered rides or were in need of transportation.

As the ride board was instituted so quickly after the strike was announced, it received widespread press coverage and persons not related to the hospital phoned to offer transportation to Barnes' employes, in a city-wide attempt to maintain optimum care for hospital patients.

Although most employes were able to find rides during the strike, one unfortunate incident was recorded. Miss Ella Wright, a dietary aide in the tray assembly unit, had never been absent or late to work in 25 years, before the bus strike cut off her transportation. During the first several days of her absence, dietary personnel unsuccessfully tried to reach Miss Wright but she had no phone. Fellow workers drove to her South St. Louis home to bring her to work, but were unable to get past a padlocked chain fence surrounding her house. Finally, neighbors were able to reach Miss Wright and a daily ride was provided her.



Spring Tonic For Secretaries

A walk through the flowers . . .
A week of their own . . .

for five Barnes secretaries representing all the girls behind the initials in the medical center who will be feted April 21 to 25 during National Secretaries Week. In the photo above, the ladies are (left to right): Mrs. Sharon Hopfer, secretary to administrative engineer James Claywell; Miss Mary Beth Javanovich, secretary to laboratory director Dr. Leonard Jarett; Mrs. Pat Vogel, secretary to John Keppel, manager of patients accounts; Mrs. Leslie Fox, secretary to Miss Cora Glauser, admitting coordinator and Mrs. Phyllis Clark, secretary to associate surgeon Dr. Thomas Burford.

Ed Summers Heads Inhalation Therapy

Mr. A. Edward Summers has been appointed chief inhalation therapist at Barnes, succeeding Sam Girodano who will head the inhalation therapy department at Cook County Hospital in Chicago.

For the past four years Mr. Summers has served as manager of the medical supply and equipment department at St. Louis University Hospitals. He was responsible for supervising central service medical equipment repair and inhalation therapy, a department he helped establish.



A. Edward Summers

A 1957 graduate of the University of Missouri at Kansas City, Mr. Summers was the cardiopulmonary supervisor (which included inhalation therapy) at Providence Hospital in Kansas City, Kansas, from 1963 to 1965. He was also with Menorah Medical Center in Kansas City, Mo., in 1962-63 as supervisor of central supply.

Mr. Summers has served as president of the American Association for Inhalation Therapy of Kansas City and president of the Central Service Organization of Greater St. Louis.

A veteran of the United States Air Force, Mr. Summers is a native of Chicago and is unmarried.

Census Tops Record

Barnes' patient census continued to break its own records. Occupancy topped all previous goals March 6 with a total patient count of 1050. That date marked the second time this year the census has topped the 1000 mark, as 1040 patients were recorded January 21, 1969. The 1968 high was recorded May 23, when 1036 patients were hospitalized here.

In the March 6 total, self-care patients accounted for 56 of the total with 40 recorded for January 21. The March 6 figure represented 93.42 per cent of total occupancy, leaving only 74 beds free in the entire medical center. Because hospitals must leave some beds free for emergencies and patient load turnover, the figure used nationally to indicate a full house in terms of maximum operating efficiency is 85 per cent.

Although technically there are beds for 1123 hospital patients, the demand is rarely in proportion to the supply in each area. Surgical patients cannot be put in maternity beds, nor self-care in acute care, so the departmental crowding continues.

Joseph Greco, associate director in charge of admitting, reported the most critical patient area on March 6 were the general surgical floors, medicine, self-care and psychiatry. At that time the self-care floors were booking three to four weeks in advance.

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Vol. XXII, No. 4



Constance C. Barton, Director
Lucy Z. Martin, Associate Editor

High School Counselors Courted by WUMSAH

A novel departure from the standard recruitment tactics used to interest high school students in health careers was initiated March 5 at an all-day conference sponsored by the members of the Washington University Medical School and Associated Hospitals (WUMSAH) organization. Instead of inviting area students to hear discussions on the various professions represented in a hospital complex, the invitation list was composed of the names of 200 high school guidance counselors in the St. Louis area.

With the expanding role of the school guidance counselor in influencing students' choices of career possibilities, WUMSAH decided to zero in on this group of professionals who provide the counsel. The purpose of the conference was to better inform the counselors of health career requirements and opportunities now available for qualified individuals.

In the morning session, the group gathered in Children's Hospital for a panel discussion moderated by Miss Lilly Hoekstra, administrator, St. Louis Children's Hospital. Members of the panel were: Dr. Estelle Brodman, librarian of the Washington University Medical School; Saverio Giordano, chief inhalation therapist at Barnes; and Miss Joyce Torrey, teaching supervisor of the medical technology school at Jewish. Each speaker described his or her profession in its relationship to the medical field and to the patient. The counselors were then divided into groups for tours of Barnes, Jewish, Children's and the Medical School.

After lunch, a slide presentation, similar to those organized by WUMSAH for individual schools, was viewed to show the counselors the type information that is available for classroom use. A musical skit on careers in the health field was presented by volunteers from Barnes, Children's and Jewish.

'I Got My First Choice!'



Having nervously waited through a short introductory speech by one of their professors, senior medical school students at Washington University rushed to the front of Wohl Auditorium to pick up the envelopes containing their intern assignments. Whoops of delight and screams of "I Got It!" followed, as the new doctors learned where they will spend the coming year. Miss Mary Ann Fletcher and Bob Kraetsch congratulate each other on their respective appointments to Children's Hospital in Los Angeles and Barnes Hospital. Ten of the 82 graduates will be interning at Barnes. The other nine are: Ann Ainsworth, Ralph Freidin, Ron Hendrix, John Long, Roy Ramsey, George Randall, Barry Siegel, J. Andy Sullivan and John Trotter.

Employee ANNIVERSARIES

January 1 - April 30, 1969

Name & Department	Job Title
45 YEARS	
Benetia H. Jehle Social Service	Clerk-Typist
25 YEARS	
Ann Campbell Nursing Service	Consultant for Special Services
Nellie Shaw Laboratories	Assistant Supervisor
20 YEARS	
Sarah Buck Pharmacy	Supervisor, Drug Store
Kathryn S. Hansbrough Nursing Service	Staff Nurse
Erna Jaccard Central Service	Chief Technician
Finan McDermott Optical Shop	Optician
Ethel Taylor Nursing Service	Senior Nurse Assistant
Elizabeth H. Wood Anesthesia	Secretary
15 YEARS	
Angela Barbour Medical Records, In-Patient	Clerk-Typist
Betty B. Collins Administration, Professional Services	Administrative Secretary
Ella M. Daniels Admitting & Emergency	Senior Nurse Assistant
Thelma A. Edmiston Nursing Service	Clerk-Typist
Jessie B. Emmons Maintenance	Maintenance Man "B"
Mary E. Furlow Nursing Service	Senior Nurse Assistant
Esther P. Granger Nursing Service	Assistant Head Nurse
Agnes Knight Laundry	Group Leader
Nancy McAdams Laboratories	Assistant Chief Technician
Joseph Milton Housekeeping	Janitor
Odessa L. Wallace Pharmacy	Pharmacy Aide
Carmel Wright Anesthesia	Nurse Anesthetist
10 YEARS	
Mae R. Bridges Nursing Service	Senior Nurse Assistant
Charlotte A. Cully Nursing Service	Staff Nurse
Ellen Hall Housekeeping	Maid
Mildred E. Halliburton Nursing Service	Licensed Practical Nurse
Martha Henderson Nursing Service	Senior Nurse Assistant
Margaret L. Kelly Activity Therapy	Occupational Therapist I
Margie Kronsbein Nursing Education	Matron
Daisy McAlister Nursing Service	Senior Nurse Assistant
Dollie McCree Nursing Service	Senior Nurse Assistant
Lela I. McCulley Nursing Service	Senior Nurse Assistant
Nelia Meeks Housekeeping	Maid
Kitty M. Miller Nursing Service	Ward Clerk
Applias Moore Housekeeping	Maid
Eugene B. Petrovics Laboratories	Technician
Mary E. Petty Laboratories	Technician
Joseph E. Powell Laboratories	Technician
Marie Rhodes Nursing Service	Assistant Director
Maggie Sawyer Nursing	Staff Nurse
Pauline E. Schafer Dietary	Counterwoman
Irene A. Schrage Dietary	Dietitian's Assistant
Sarah G. Skaggs Dietary	Cook
Rose M. Stephens Laboratories	Technician
Julia Taylor Nursing Service	Senior Nurse Assistant

Gesundheit! Is All You Can Do For The Common Cold



Historically, cold sufferers have tried almost everything on the pantry shelf in the hope of curing the cause of their sneezes, sniffles and overall achiness. Mixing mustard plasters, which are applied to the chest, drinking glasses of molasses, eating raw onions, and consuming varying amounts

of whiskey have all been widely-used as home remedies. All are equally as effective as today's sophisticated cold capsules, nasal sprays and gargles: none of them cure colds. All treatment for the common cold is based on the relief of symptoms, none affects the duration of the illness.

"Button up your overcoat, get to bed by three—take good care of yourself, you belong to me," so goes a popular song of the twenties and a current television cold remedy commercial. Unfortunately, neither the advice nor the advertised medicine are effective techniques for the prevention or treatment of the common cold.

Scientific research which has made brilliant strides in the prevention and treatment of many more serious diseases has still not conquered the ever present problem of the cold. However, Dr. Carl G. Harford, associate physician and consultant in microbiology for the central diagnostic laboratories of Barnes Hospital, believes the basic researchers in this medical center and in many others offer hope for the eventual taming of mankind's most frequent affliction.



Carl Harford

"Of course, what the lay person calls a cold may be all sorts of things,"

Dr. Harford said. "It may not even involve the nose. People talk of colds in the shoulder, the chest, the stomach. Even when nasal symptoms are present, they may be caused by something other than a cold virus. Allergies can be confused with colds; some people claim mental stress can cause cold symptoms; and inhalation of toxic substances such as ammonia or formaldehyde may result in cold symptoms."

According to Dr. Harford's sourcebook, the common cold is a group of "acute afebrile upper respiratory diseases." These diseases, while not considered serious, cause the loss of more than 200 million man days of work and school in the U. S.

each year. Last winter, about 75 per cent of the population had at least one cold. A quarter of the population had four or more. The cost in lowered productivity, lost wages and medical expenses is estimated at \$5 billion annually.

"Catching cold" used to be attributed to such things as sitting in a draft, getting feet wet, walking in a cold rain. Traditional preventive measures used through the ages were in the nature of "button up your overcoat" and mostly aimed at keeping warm. In the 19th century, it was believed that beards protected the chest and throat and helped ward off colds. Many of today's older generation recall wearing long underwear from October 1 to May 1 to prevent colds and other illnesses. Sometimes refraining from bathing during the winter months was practiced to prevent becoming chilled and catching cold.

Researchers have proven that colds are caused by viruses, tiny infectious agents that attack and destroy the cells of living organisms. They have also found that colds occur more often when people are crowded together, such as in public places. Newcomers to an area bring other virus strains to the population.

Cold viruses are spread by droplets in the air. Being in the path of an uncovered sneeze or drinking from another's glass are both good ways to contract colds.

Medical researchers have, for some time, been trying to develop a vaccine that would be effective against the cold; however, colds are caused by over 75 different viruses and a vaccine effective against one strain doesn't give protection against the others.

Research also has been hampered by the fact that most experimental animals don't get colds.

So far, only the chimpanzee has been infected. Even smaller primates like the rhesus monkey and green monkey cannot be infected for the purposes of clinical study.

Dr. Harford has studied the adeno virus and is now studying the drug methisazone, known to be effective against one kind of virus, to try to discover the way it works against the virus. Only two major viruses can be controlled medically—one causes a corneal infection, the other smallpox. Methisazone has a definite effect in the treatment of infections with vaccinia virus in experimental animals, and also it has been shown to aid in the prevention of smallpox. It is also a good subject for study because it works in the test tube and on animals. Dr. Harford hopes to find out how it works against the vaccinia virus in order to help in the development of other chemical agents that will be effective against other viruses, including the common cold. Electron microscopy is being used for the study.

Today, all treatment for colds is based on relieving the symptoms. There is nothing that can be had by prescription or from the druggist that will affect the progress of the cold.

"Aspirin is helpful in relieving fever, headache and general achiness. Nose drops and nasal decongestants may help control sniffles, but," Dr. Harford warns, "some nose drops make colds worse. Antihistamine drugs, which may help allergic reactions such as hay fever, have not been shown to be effective against colds in careful studies. Antibiotic drugs are not useful against virus colds, and there may be harmful side effects; for instance, many people are allergic to penicillin. Antibiotics are effective only against bacterial infections, but something less than five per cent of all sore throats are caused by bacteria. Increasing the intake of vitamin C or using antiseptic gargles can neither prevent colds nor offer real relief."

Home remedies for cold victims have included such imaginative treatments as eating raw onions, standing on one's head, putting mustard plasters on the chest, and taking sulphur and molasses.

Whiskey has long been a popular cold remedy, but Dr. Harford considers drinking dangerous for some cold sufferers. "It is known," he said, "that pneumonia sometimes follows colds. It is also known that people who drink a lot of alcohol are more susceptible to pneumonia when they have been drinking. It is, I believe, more harmful to drink alcoholic beverages when you have a cold than at other times. Also, there is danger that alcohol could react with any other medications you are taking."

Bed rest is probably the best cold treatment. It will at least prevent spread of the virus to others. "Personally, I don't take anything for a cold," Dr. Harford said. The old saying, probably dating from Hippocrates, is still true: "Treat a cold and you'll have it for a week; don't treat it and you'll have it seven days."

Admitting and Discharge Changes Shorten Patient's Stay

The length of a hospital stay is being shortened for many surgical patients, and admitting and discharging procedures are being streamlined for all patients, in accordance with new policies instituted on April 7 in central reservations and scheduling.

Following registration and admission blood drawing, a surgical patient admitted the day before his operation will be assigned to a volunteer escort. The volunteers will take the patient to his nursing division to change into hospital attire, and then accompany him to whatever lab

and x-ray tests are required prior to the surgery. Test results will be read that evening, eliminating extra days often spent in the hospital while waiting to schedule and receive test results prior to surgical procedures.

Pre-admission forms are now being mailed to the patient at his home or delivered through his doctor, so the patient can fill in the required information at his leisure with access to home records, policy numbers, etc. The forms are then mailed to Barnes five days prior to admission, so the bulk of the admitting paperwork is complete

when the patient arrives at the hospital.

In order for pre-surgical testing to be completed on the day of admission and to make the discharge policy more workable for the medical staff, discharge hours have been changed to 11 a.m. for medical, neurological and obstetrical patients and to 10 a.m. for all other services. The earlier discharge time for surgery and allied specialties will allow earlier admission and work-up of new patients, plus give housekeeping additional time to prepare a room for another admission the same day as a discharge.



B.



A.



E.



D.

Orderlies and Nurse Assistants

Patience with Patients

It takes a certain kind of individual to give personal care and service to the patient unable to care for himself . . . to assist during the difficult times when a patient can lose his sense of dignity. An unkind remark or thoughtless gesture by an employe would be a hard blow to the bed-fast person's spirit and a strike against his self-confidence.

Helping patients through moments of dependency—moving the very ill, helping the convalescent to the bathroom, feeding and bathing the weak and helpless—these duties are performed with concern and patience by orderlies and nurse assistants.

"When you see people who can't do for themselves, you want to help them," said Willie Blount, the senior orderly with 21½-years tenure. "It's not the patient's fault he can't get around . . . just saying 'you're doing ok' or 'that's real good' seems to give him encouragement."

The pattern of hospital life dictates that most calls to the orderlys' office come in a flurry around mealtimes and early in the day when patients must be transported to and from their beds in preparation for x-ray appointments and lab tests. At other times, 30-40 minutes may go by without one job, but the men must be alert and waiting.

Nurse assistants have to contend with a multitude of details that must be handled efficiently, yet with a personal concern and interest for each patient. Their job is supportive to the registered nurse, as the nurse assistant handles duties such as taking temperatures and blood pressure, refilling water pitchers, changing bed linen, etc.

"I enjoy helping the older women and seeing them get better," said Mrs. Jennie Ward, a senior nurse assistant who has been on ward 2418 for eight years. "Many times the patients have been here before and when they return tell me they feel secure in having the same personnel take care of them. . . . And when they go home again, I miss them."

A. Burn patient Cletus Shrou is helped to a wheel chair by nurse assistant Jack Weatherington and orderlies Tom McGraff, Horace Jamerson and Malcolm McGregor.

B. Daily walks are part of the rehabilitative treatment for Dr. Floyd Alcorn, who is steadied by Tom McGraff and Willie Blount. McGraff is the chief orderly.

C. Feeding ice to tonsilectomy patient Andra Buckner, nurse assistant Mrs. Dolores Gladden performs one of the time-consuming but rewarding jobs of her profession.

D. To pass the time between assignments, John Ingram and Ezell Mallet play checkers in the orderlys' office.

E. A senior nurse assistant who has been at Barnes nine years, Mrs. Mary Porter goes about her morning duties on the twelfth floor of Rand Johnson.

F. Senior Nurse assistant Mrs. Jennie Ward helps one of her patients, Fern Palmer, choose her meals from the dietary menu.



C.



F.

DOCTOR'S NOTES



■ The Missouri State Medical Association met in St. Louis March 20-23 at the Chase-Park Plaza Hotel. Moderators and participants in the scientific panels included Barnes staff members: Joseph Ogura, Cyril Costello, David Kerr, William Powers, Allan Kolker, William Sly, and Lee Ford.

■ Philip Dodge, pediatrician-in-chief, gave the Bernard J. Alpers Lecture in Clinical Neurology March 20 at the Jefferson Medical College in Philadelphia, Pa. Dr. Dodge spoke on "Nutrition and the Developing Nervous System."

■ David M. Kipnis, associate physician, spoke to the American College of Physicians March 3 in Dallas on "Physiological Concepts of Clinical Disease."

■ Alex H. Kaplan, assistant psychiatrist, has received a five-year appointment as a member of the Coordinating Council on Professions and Associations of the American Psychiatric Association.

■ Thomas B. Ferguson, assistant surgeon, delivered a paper entitled "Joint Muscular Hypertrophy of the Esophagus" at the recent meeting of the Society of Thoracic Surgeons meeting in San Diego, California. Thomas H. Burford, associate surgeon, and Charles L. Roper, assistant surgeon, co-authored the paper with Dr. Ferguson.

■ A two-part program entitled "Views on Medical Education" was presented March 20 in Clifton Auditorium. Walter F. Ballinger, Carlton C. Hunt, M. Kenton King, and Gerald T. Perkoff individually spoke to the group followed by a round table discussion with three WU medical school students moderated by Samuel B. Guze.



HOSPITAL HAPPENINGS

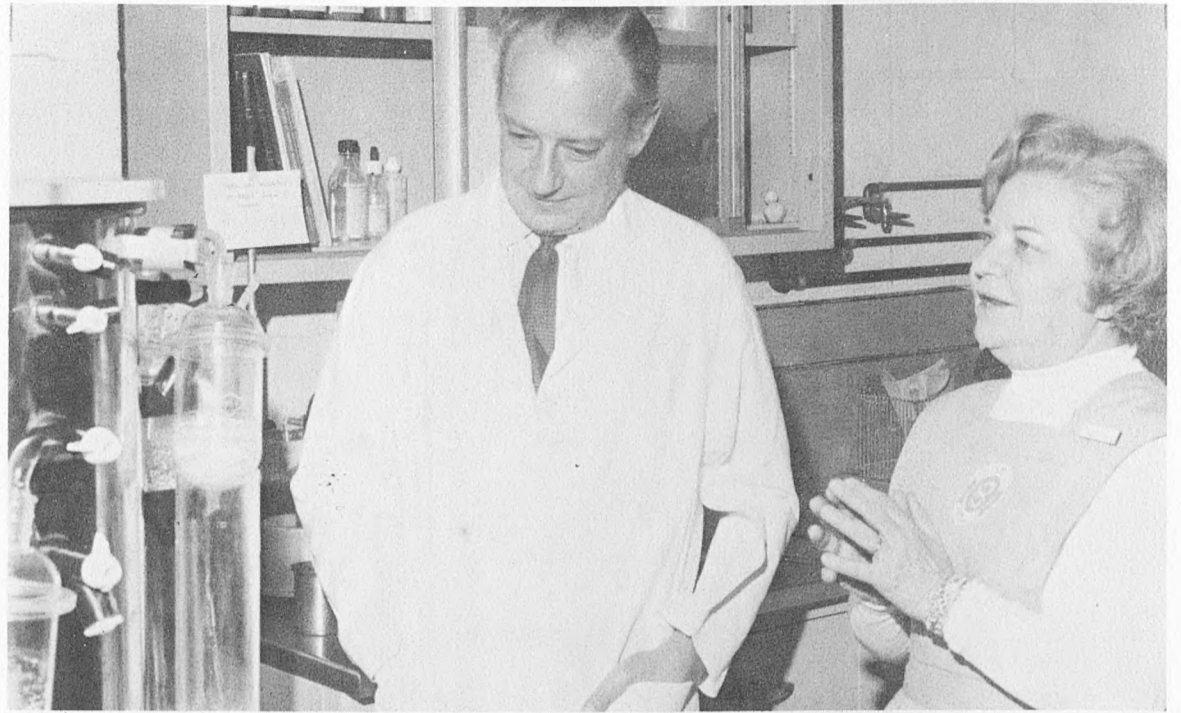
Dr. Frank R. Bradley, director emeritus of Barnes, addressed the annual dinner meeting of the board of trustees and the advisory committee to the Board of the Baton Rouge, La., General Hospital recently on "The Future of the Voluntary General Hospital." Following the dinner, Dr. Bradley was presented an honorary Baton Rouge citizenship certificate, while Mrs. Bradley was given the key to the city.

Assistant director, Miss Nancy Craig, attended a seminar of the 12th Congress on Administration sponsored by the American College of Hospital Administrators in Chicago March 6-8.

A fan letter to recent Barnes patient, Harry Caray, was reprinted in the February issue of HOSPITAL TOPICS. First used in the December, 1968, BULLETIN the envelope carried no address, only the photo of a cow wearing a halo. For those who aren't baseball fans, "Holy Cow" is one of Mr. Caray's favorite broadcast phrases.

Miss Josephine Davis, infection surveillance officer, attended a conference on "Infection Control in Hospitals" at the Communicable Disease Center in Atlanta, Ga., March 12-14.

Renal Teams Nears Uremia Breakthrough



Associate physician, Neal S. Bricker, explains the lyophilizer used in current uremia experiments to Mrs. Max Mandel, a volunteer in the Wishing Well. Lyophilization is a process of rapidly freezing a substance at an extremely low temperature and

then dehydrating it in a high vacuum. For his studies involving the regulation of the renal excretion of sodium, Dr. Bricker was cited in a cover article in the February 24 issue of Modern Medicine Magazine.

A 34-year old housewife felt draggy and listless, but attributed her lack of energy to three active youngsters, a big house to keep clean, and too many civic and club activities. However, in July, 1968, she went to her doctor for a check-up and was found to be anemic with abnormalities in her urine.

Having always been healthy except for a minor bladder infection during one pregnancy, the young woman came to the renal division at Barnes where it was discovered that she had a mild case of uremia. Through knowledge learned from current experiments in uremia, the woman is being treated with medications and a special diet on which she will very likely be able to continue her normal activities for months to years before the disease is advanced to the point that she will need chronic treatment by dialysis or transplantation.

Uremia is a syndrome which evolves in the course of either acute or chronic renal disease. Patients are often pale, anemic, underweight, weak, and may feel nauseated, especially in the morning. They often have difficulty sleeping and concentrating. These symptoms may occur early in the course of their renal disease but may not be disturbing to the patient until some 90% of the kidney function has been lost.

The factor(s) responsible for uremia have been a medical enigma for over 100 years. The fact that uremic symptoms may be alleviated by dialysis treatment on the artificial kidney or after kidney transplantation has suggested that the material causing these symptoms circulates in the blood and is filtered by either the dialysis membrane (cellophane) or the filtering apparatus in the transplanted kidney. Consequently a number of approaches have been used in an attempt to isolate this substance from the blood of uremic

patients. Blood samples from uremic patients have been injected into animals, and bath water from artificial kidney machines have been tested in an attempt to find the substance. Neither of these approaches has been successful.

One important finding in the studies on uremia is the presence of high salt levels in red blood cells. In normal people, only a small amount of the salt that gets into the red cells is retained; the rest is pumped out through a mechanism present in red cell walls. Since a defect in this pumping device could have been responsible for the high salt content of uremia, the renal team decided to look for a material present in uremic blood that could interfere with salt movement. Initial experiments conducted with rabbit kidneys, toad bladders, and human red blood cells suggested the existence of a substance in uremic blood which would inhibit this important function.

The next stage in the isolation of the substance is purification. Since federal funds were not available for the elaborate equipment needed for purification, support for further work could only come from private sources. The continuation of this work was made possible by a gift from the Max H. Mandel Fund. Mrs. Mandel, a Barnes volunteer for the past 18 years, established a fund in her husband's name which provided the means to purchase the equipment necessary for purification. The properties of the substance are currently being actively investigated and a preliminary report of the work has recently been submitted to two scientific societies.

Once the substance is completely isolated, purified, and its chemical structure is known, understanding of uremia and the treatment of uremic patients will be greatly simplified.

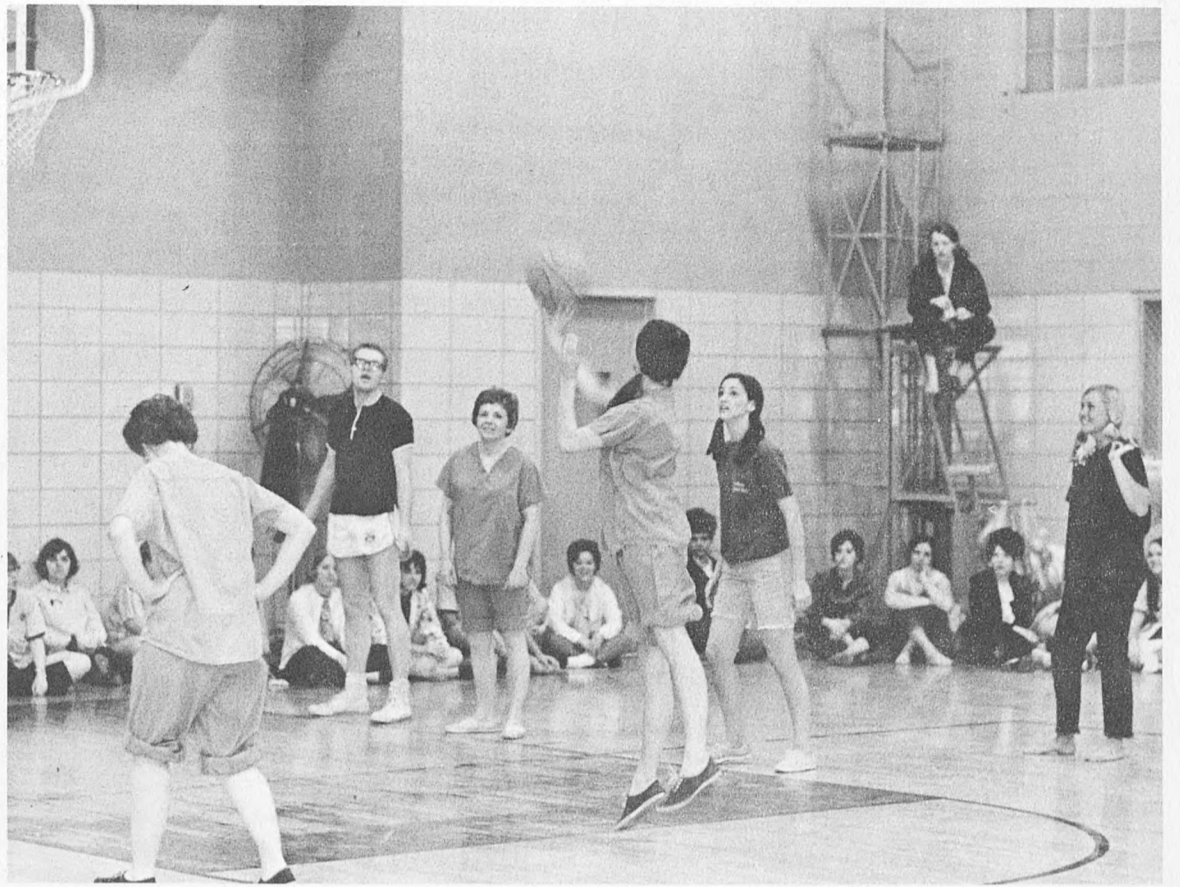
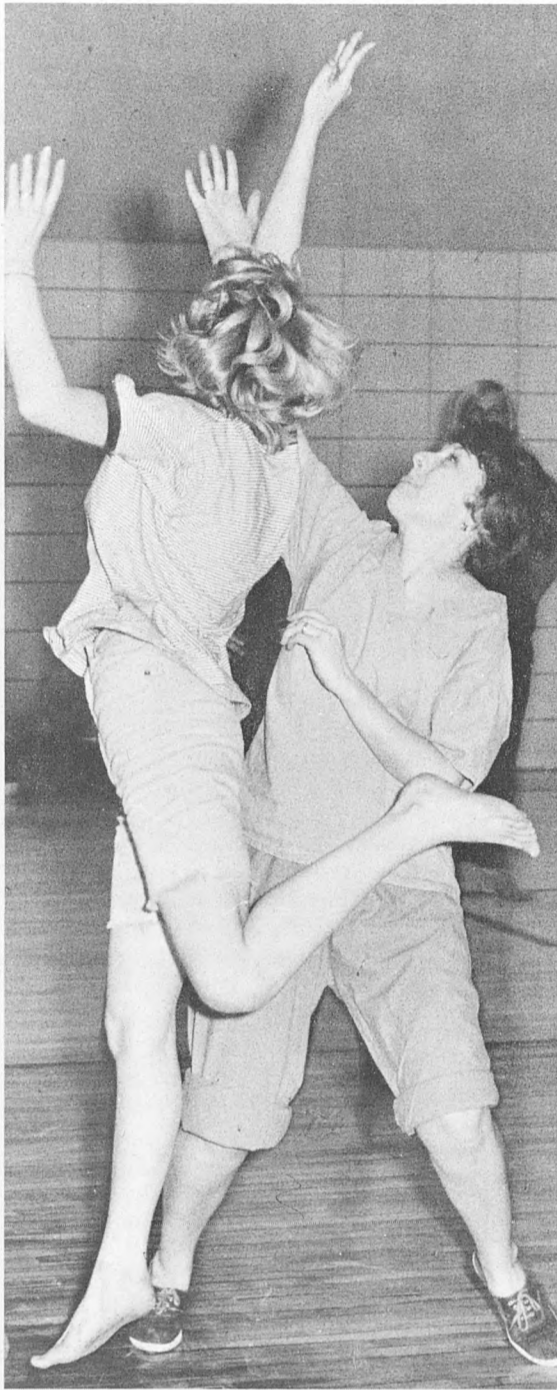
Chronic Kidney Center to be Established

A gift of \$250,000 has been received by Washington University to establish a chronic kidney center on the second floor of Barnes in the area previously used as intern quarters. The money is a gift of the Chromalloy American Corporation, a New York-based firm active in medical electronics, drugs and pharmaceuticals.

In a presentation ceremony March 16, Dr. Neal Bricker, associate physician and head of the renal division, accepted a check for the amount and explained that the kidney center would in-

clude seven beds and at least seven artificial kidneys plus support equipment.

He said the center could be ready to accept patients by October, 1969. At least 20 persons would be cared for in the first year with maximum use of up to 30 patients when the unit is in full operation. Dr. Eduardo Slatopolsky, assistant physician, will direct the unit. The center will be located adjacent the acute dialysis kidney unit in Barnes.



Students Tromp Faculty 12 to 3



... at the Barnes Nursing School faculty vs. freshmen students basketball game held March 19 as part of National Student Nurse Week. The rules of the game were broadly interpreted as the students legally covered the faculty basket with clear plastic wrap, and rode piggy-back to reach their own backboard. However, major infractions—such as making a basket without asking “Mother, may I?”—resulted in a violation from the referee, who for want of a whistle, called fouls by beating on a dishpan with a soup ladle.

Other activities of the busy week included a pizza party sponsored by nursing service, complete with a guitar-carrying folk singer . . . a buffet luncheon served by the faculty members . . . and an afternoon tea during which Mr. Frank honored Melanie Hellwig, Susan Pilcher and Karen Linke as the outstanding nurse of their respective classes.

(Upper left photo) Ballet plays an important part in winning as student Bonnie French (left) tries to outreach instructor Sharon Montoya.

(Upper right) In rarified form instructor Martha Kropf shoots a free throw under the close supervision of Sharon Montoya, Bob Akins, Donna Granda, Linda Fiehler, Maureen Connelly (on scaffolding) and referee Karen Linke. The faculty were uniformly attired in custom-fit scrub suits.

(Center) Students Bev Hall (patient) and Nancy Lee enact a typical nurse-patient procedure during the half-time activities.

(Bottom left) The student cheering section led by Karen Ernst (right facing her classmates) warm up for the verbal confrontation with their instructors with the theory: if you can't beat them, deafen them.



Corort System Initiated

Maternity is initiating the cohort system of nursery operation to establish a more consistent standard of infant care.

This is being accomplished by dividing the second and sixth floor nurseries into three separate areas on each floor. All babies born within the same 48-hour period are kept in one area and cared for by one team of nurses throughout their hospitalization. Two separate nurseries are being established on the fifth floor of Maternity for suspect and isolation cases,

The new maternity divisions will require additional nursing personnel, as five separate nurse teams are needed for the second and sixth floors, premature, suspect and isolation nurseries.

Changes are also being made on the delivery floor as two labor rooms have been renovated to accommodate a total of five patients.

Easter Season Offers Wonder and Hope

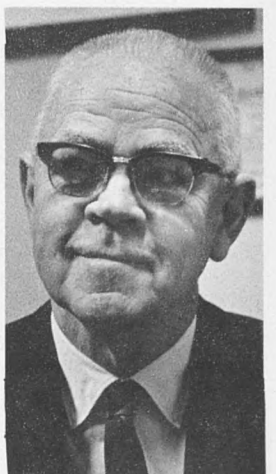
by Chaplain George A. Bowles

Easter does not have the same meaning for all people. It may imply spring, hope, renewal, promises of new life, rejuvenation, an awakened spirit, another chance. Many of our differences in understanding come from our different ethnic and religious backgrounds. Each of us may experience a different emotion or discover a different significance to the meaning of Easter as, at this season, we encounter the evidences of God's love in the world around us.

Spring is in the air, and there is an increasing awareness of the beauty of creation. The rebirth is dramatic, exciting, and significant. The wonder of each miracle is savored as it unfolds—the first robin that heralds the coming of spring, the tulip leaves thrusting themselves into the sunlight, the greening grass, the gentle rain, the

warm rays of the sun that seem to command the dormant world of nature to come forth, and grow, and multiply.

In the days ahead we may resolve to adopt a new outlook, to cast off the old winter ways of life and come alive in a new way as a crocus pokes its head through the snow. In spring there are solutions to problems that winter hides from view. It is the season for thinking about the world and the life upon it. It is a time for wonder and a time for hope.



Personalized Mail Should Be Properly Addressed

Personal and improperly addressed mail that is delivered to the hospital is causing unnecessary additional work in the personnel department and mail rooms, it was reported by Bill Montgomery.

Mail of a personal nature should be sent to the employe at his home and correspondents should be notified of the home address.

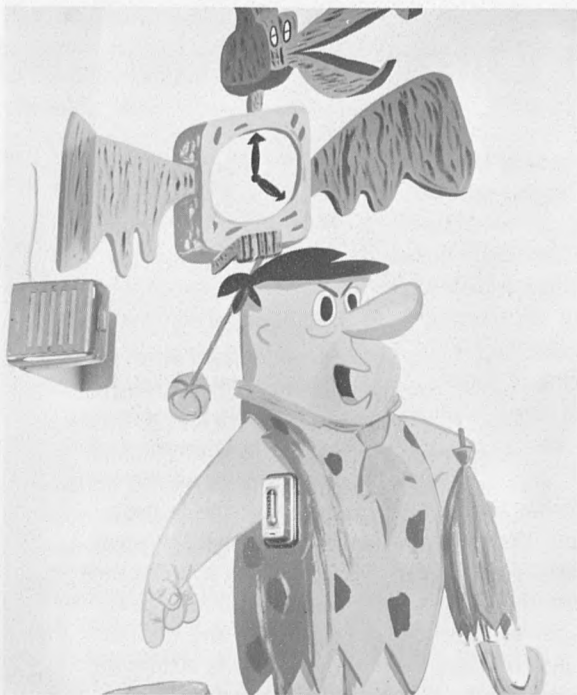
Mail of a professional nature that is improperly or incompletely addressed to an employe is now routed through the personnel office for the correct department and office number so it can be forwarded to the employe.

The personnel department is stamping each piece of incorrectly addressed mail that comes to them as a reminder to the recipient to notify his correspondent of his complete address. A correct and complete address also insures the recipient of prompt delivery.

Flintstone Family Figures Divert Tots in X-Ray



Fred and Alice, their child Pebbles, Fred's friend Barney—all the TV "Flintstone" family characters are portrayed in brightly colored cartoons in the neurological x-ray room on the fifth floor of Mallinckrodt. What one child called the "Jungle Room" because of the animal figures, plants and trees on the walls, is the first completed room in a plan to redecorate the entire children's floor. Comic and Walt Disney characters will be used in each room and throughout the halls in an effort to make the area more appealing to the young patients. The work is being done by staff personnel and several of the doctors' wives organized by Phillip Sortir, registered technician and supervisor of the children's x-ray floor. The patient shown above is 20-month old Jerri Winslow of St. Louis.



Stores Clerk Marvin Busch Advises: 'Brush Your Troubles Away' . . .



Picking the right brush for the job is an important but often overlooked consideration, according to self-taught artist Marvin Busch. Working with a

"A couple of years ago I didn't have any plans for my vacation so I bought some paint brushes and a canvas to pass the time," reported stores clerk Marvin Busch, as he squeezed a dab of oil paint on his palette. Since that summer the vacation pastime has grown into a full-time hobby and Mr. Busch has completed over 100 canvases, many of which he has sold.

Mr. Busch has had no art training, but often sketches absent-mindedly while listening or talking on the telephone. "I've done pencil sketches for years—you know—just drawing whatever I saw. But I was intrigued by the vibrancy of the colors in oil paint and decided to see if I could work with it.

"At first," he said, "I'd sketch my idea in pencil on the canvas and then open the oils. Now I start in directly with my brush. And the color possibilities are unbelievable! It's great to be able to see a color and instinctively know what to mix to duplicate it, but it took a lot of practice."

Mr. Busch studies color plates of paintings by Italian and Flemish artists as guidelines in his work. Initially, he tried to duplicate paintings of other artists to learn proportion and technique, but he now creates his own subjects.

"I take backgrounds in magazine ads, stuff on a desk top, historical subjects in a book—whatever catches my interest—as the subject for a painting. Still life and nature studies are my favorite subjects. I'm a detailist and try to paint everything I see. Shadows, details of a background,

wide-range of brushes and oils, Mr. Busch has completed over 100 canvases in the 2½ years he has been painting.

etc., play an important part in my work," the artist said.

"Because detail is so important to me, I don't like to do portraits on assignment," Mr. Busch remarked. "I've found people want a stylized version of themselves, not an exact reproduction. I had a client who wanted the wrinkles on his face removed, which may have improved his appearance, but it didn't help the portrait."

When asked if he had any plans to pursue his painting on a full-time basis, Mr. Busch explained that he paints as a hobby to relax. "If I did it on a full-time basis, it wouldn't have the same effect. When I come home from work tired or depressed it's good to get out a canvas and work for a few hours. It gives me peace of mind."

Mr. Busch paints about 3 hours a night during the week and may spend all day on a canvas over the weekend. "It takes me about three weeks to finish a painting, but I'm in no rush. It's just a hobby."

"Painting's a challenge, too. If a picture isn't going right I can put it aside and when I try again the next night things seem to fall in into place. That gives me the courage to keep at it," he explained.

Barnes employes who own works by "M. Busch" are Mrs. Martha Ramsey of forms control, Bill Montgomery from personnel, and Mrs. Norma Foster, a fellow stores employe.



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